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1299 PENNSYLVANIA AVE., NW
WASHINGTON, DC 20004-2402
PHONE 202.783.0800
FAX 202.383.6610
A LIMITED LIABILITY PARTNERSHIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: HOLGERSSON, Mats

Group Art Unit: 3721

Serial No.: 10/065,324

Examiner: HO, Tara

Confirmation No.: 9313

Atty. Dkt. No.: 03485.0004.NPUS00

Filed: 10/03/2002

For: CONTROL DEVICE FOR A DRIVE
MOTOR IN A STAPLER

#4/Election w/a
L Morgan
10/2/03

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SEP 26 2003

TECHNOLOGY CENTER #3700

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Tracy W. Druce

Commissioner for Patents
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RESPONSE TO NON-FINAL OFFICE ACTION

INTRODUCTORY COMMENTS:

10/03/2003 LMORGAN 00000001 003038 10065324

The following is in response to the Office Action dated June 12, 2003.

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PTO/SB/21 (08-00)

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Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/065,324	
	Filing Date	10/03/2002	
	First Named Inventor	HOLGERSSON	
	Group Art Unit	3721	
	Examiner Name	HO, TARA	
Total Number of Pages in This Submission		Attorney Docket Number	03485.0004.NPUS00

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Proposed Amended Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Declaration/Power of Attorney - Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	HOWREY SIMON ARNOLD & WHITE, LLP Tracy W. Druce	
Date	09/12/2003	

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